

## DELAWARE RIVER BASIN COMMISSION

Application for Renewal of an Approved Ground Water Withdrawal  
(This form is not to be used for renewal of Protected Area Wells)

1. Applicant's Name: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

\_\_\_\_\_

3. Telephone Number: \_\_\_\_\_

4. Affidavit: \_\_\_\_\_

State or Commonwealth of \_\_\_\_\_

County of \_\_\_\_\_. I, \_\_\_\_\_

being duly sworn, according to law, depose and say that I (am the applicant) (am an official or officer of the applicant) (have the authority to make this application) and that the plans, reports and documents submitted as part of the application are true and correct to the best of my knowledge and belief.

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_.

\_\_\_\_\_

Notary Public\*

\_\_\_\_\_

Signature of responsible official

\* Applications for withdrawal for agricultural irrigation are not required to be notarized.

5. Name of Engineer (or Geologist) and Firm: \_\_\_\_\_

\_\_\_\_\_

6. Mailing Address: \_\_\_\_\_

\_\_\_\_\_

7. Telephone Number: \_\_\_\_\_

8. Signature of Consultant: \_\_\_\_\_

Engineer's Seal

9. Attach map (preferably USGS Quadrangle) indicating location of all existing project wells and surface water intakes, interconnections with other water supply systems, and the project service area.

10. Present average water use from all sources:

Water Use	Self-Ground		Supplied Surface		Other Sources		Total		Estimated** Consumptive Use (%)
	mgd	mg/30*	mgd	mg/30*	mgd	mg/30*	mgd	mg/30*	
Domestic Supply									
Industrial Process									
Industrial Cooling									
Irrigation									
Other									
Total Water Use									

\*mgd = million gallons per day; mg/30 = million gallons per 30-day period

\*\*Consumptive use is water withdrawn that is not returned to the surface or ground waters

11a. Establish the need for requested allocation:

Total Project Water Need	Existing	Design (Year_____)
Water Demand, Average	_____ mgd _____ mg/30	_____ mgd _____ mg/30
Water Demand, Maximum	_____ mgd _____ mg/30	_____ mgd _____ mg/30
Project Capacity	_____ mgd	_____ mgd
Population Served (Public Supplies)		
Service Connections		

11b. Applicants for agricultural irrigation wells include: acreage irrigated: \_\_\_\_\_ acres, type of crop(s): \_\_\_\_\_

and Agricultural Extension Service water requirement recommendations:

\_\_\_\_\_ inches/year.

12. Requested allocation from project well(s):

The existing allocation of \_\_\_\_\_ mg/30 is (adequate for our purposes.) (is inadequate, as demonstrated above, and it is requested that it be changed to \_\_\_\_\_ mg/30).

13. Attach a copy of the application submitted to the appropriate state agency (if applicable).

14. Existing project wells: